

MEDICARE PAYMENT ADVISORY COMMISSION

PUBLIC MEETING

Ronald Reagan Building
International Trade Center
Horizon Ballroom
1300 13th Street, N.W.
Washington, D.C.

Thursday, March 18, 2004
10:06 a.m.

COMMISSIONERS PRESENT:

GLENN M. HACKBARTH, Chair
ROBERT D. REISCHAUER, Ph.D., Vice Chair
AUTRY O.V. "PETE" DeBUSK
NANCY-ANN DePARLE
DAVID F. DURENBERGER
ALLEN FEEZOR
RALPH W. MULLER
ALAN R. NELSON, M.D.
JOSEPH P. NEWHOUSE, Ph.D.
CAROL RAPHAEL
ALICE ROSENBLATT
JOHN W. ROWE, M.D.
DAVID A. SMITH
RAY A. STOWERS, D.O.
MARY K. WAKEFIELD, Ph.D.
NICHOLAS J. WOLTER, M.D.

AGENDA ITEM: Public comment period #2

MR. HACKBARTH: So now we are to the public comment period. Actually a half-hour ahead. So we will have a brief comment period with the usual ground rules. Please keep your comments brief, and if somebody in front of you has made the same comment, just register that you agree and you don't need to repeat the whole thing.

MS. MARONE: I'm Barbara Marone and I'm with the College of Emergency Physicians. But I wanted to make a comment really on behalf of the physician community and the alliance for specialty medicine. I wanted to echo some of concerns that Dr. Nelson raised about a lack of any kind of recognition of increased costs due to the coverage additions both from the current law and the national coverage decisions over the last few years. There's also been even coverage that was passed in BIPA that's really not been recognized as increasing the cost.

I think particularly if CMS is making an assumption that enrollment is going to go down on the fee-for-service side but no concomitant notion that there will be any increase in costs due to the increasing coverage and benefits and screenings, we'd like to see a little bit more in-depth analysis of what that really might entail.

Thanks.

MR. CONNOLLY: Jerry Connolly on behalf of the American Academy of Family Physicians. I was counting on somebody else to talk about the SGR, so I want to talk about something else.

The academy has provided the staff a very important and timely paper that they will provide to you. It's entitled, the new model of primary care, knowledge bought dearly. This particular document, which was just completed in the last couple of days, was authored by the Graham Center on Policy Studies in Primary Care and Family Medicine. It has relevance to three issues that you spoke about and discussed this afternoon.

We appreciated very much the rich discussion that you had relative to the issue of chronic care, disease management, and even to the issue of electronic health records. This document speaks to and embraces all three of those concepts as well as going beyond that. We think that this document, and hope that this document will help inform some of your discussions and deliberations with respect to those particular topics. But I'd like just to take a couple of minutes to underscore some of the points that were made by the commissioners today.

Primary care physicians do a lot of care

coordination right now that goes unreimbursed. As you continue to observe and consider whether or not to weigh in on some of the aspects of this Section 721 and the demos and whether or not you weigh in on the evaluation process, we would encourage, as some of you already did today, to make sure that there is a doctor in this movie. Physician involvement, we believe, is integral. We think it should be instrumental rather than resultant or remedial. That is, kind of picking up the pieces or pulling things back together in terms of a coordinated fashion once some other type of intervention has fallen short of comprehensive care.

So as you will continue to be interested in this particular project and how the scale of the project, how the risk, how the randomization, all those issues that you spoke about and other issues that you raised today are operationalized, particularly in terms of our goal, we would be hopeful that the physician would not only be in the movie but would be a principal actor and not a supporting role.

Thank you.

MR. HACKBARTH: Okay, thank you very much. We reconvene at 9:00 a.m. tomorrow morning.

[Whereupon, at 5:01 p.m., the meeting was recessed, to reconvene at 9:00 a.m., Friday, March 19, 2004.]